
Payroll Direct Deposit Enrollment

**DO NOT SEND SEPARATELY to FREIDAG ASSOCIATES
– ONLY SEND WITH THE PAYROLL WORKSHEET**

Employer: _____

Location: _____ Department: _____

Employee Name: _____

SS#: _____

SELECT and COMPLETE ONE of the FOLLOWING:

Deposit my net pay into:

1. My **CHECKING** account

Name(s) on the checking account: _____

Bank Name: _____

Attach a VOIDED CHECK or COPY it onto this form below.

2. My **PAY CARD** account

I have attached the Pay Card Direct Deposit Enrollment Form.

I authorize the employer to send entries (credit and appropriate debit, reversals, and other adjustment entries), electronically or by any other commercially accepted method, to my (our) account indicated above. This authorizes the financial institution holding the Account to post all such entries.

Employee Signature: _____ Date: _____

Bank Routing Number: _____ Bank Account Number: _____

**Copy
a check
or your
paycard
in the
space to
the right.**